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AN OVERVIEW OF LITERATURE ON STATUS OF WOMEN REFUGEES OF INDIA

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ABSTRACT

A comprehensive and systematic review of the past relevant literature is essential for scientific research. A reference to the past studies provides guideline not only with respect to objectives and methodology, but also suggests operational definition of concepts thereby providing a basis for interpretation of findings. Review of literature has been in-corporate in the relevant part of this project in order to make the result more meaningful. But unfortunately, the present investigation is almost new in its field. There is hardly any study available in Odisha in the field of refugee status of women of Odisha. So, the present study would serve as a stepping stone. So far as research on social, economic and demographic status of refugee women in Odisha is concerned, the present one would be of different one of its kind in the state. An attempt has been made to present the past literatures having a bearing on the present study as direct or indirect inferences. The present paper aims at making a review of the available literature on refugee women. The basic purpose hovers around the interest to generate insight into the phenomenon of effective implementation of Govt. policy for refugee women and to study the socio, economic, health and legal status of refugee women of Odisha, and to bring out correction in the implementation of safety and security measures for the refugee women that can ensure social and political harmony.

KEYWORDS: Women Refugees, Government Policy, Socio-Economic Status, Safety & Security Measures

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INTRODUCTION

The literature review of the present study has been carried out on the basis of status of refugee women of Odisha. Their issue may be related to problem of resettlement, compensation, recovery of economic and social status, employment and income or livelihood, health and sanitation, environment, and their problem further, it is difficult to have an absolute classification of all such issues due to its interrelationship nature.

There is a plethora of intellectual research, books and papers on "Status of Women Refugees" which attempt to study the problem of refugee women and consequent rehabilitation, which is basically an economic problem, but it cannot be isolated from environmental economics, sociology, politics, social anthropology and ecology. Thus, in true sense of the term, it calls for an inter-disciplinary study of the issue. Despite negative effect of development, the economic study relating to the status of women refugees is inadequate due to externalization of social and economic costs of the affected people/area. In the displacement period, mere restoration of foregone economic status of the refugee women should not be the primary concern for economic analysis of displacement and rehabilitation measures. It is therefore, essential on the part of the economists to study the issues of migration and provide valuable measures to improve the status of the refugee women. Various researchers have revealed a number of lapses in the ongoing policy measures for safety and security of the women refugee, its implementation,

and issues relating to economic and social disarticulation of the refugee people. In this context, economists have a clear and solid advantage in comparison to other branches of social sciences.

Refugee resettlement and integration are complex processes (Stein 1998). After the difficult experience of migration, a refugee approaches the new land with mixed feelings. The refugee left home to escape danger with no destination in mind, no "positive original motivation to settle elsewhere". This is a re-traumatizing experience for refugees, who often feel a loss of their identity during this period, and are not sure what behaviour is appropriate in the host country (Collins[2], 1996). Often the country of settlement is chosen against or despite their wishes by UNHCR authorities (Hyndman[3], 2000), and the refugee is forced to take their chances based on the United Nations quota to fill for each host country. In the initial period, refugees will be confronted by the loss of their culture – their identity, their habitats and their place.

Refugees today often come from countries where they practice a different way of seeking help. People from developing nations have the impression that Western governments provide social and economic services to their citizens without any obligation (Reese[4] 2004). When refugees learn the difficult realities about settlement services, it greatly increases their anxiety and feelings of exclusion from their host country (George[5], 2003). Most of the refugee service agencies in Canada are funded by the government and managed by community organizations (CCR[6], 2006).

Unfortunately, refugee claimants are generally not eligible to receive these services. Refugee claimants must wait in limbo until they sort out their legal challenges. Many cannot even think about settling into society due to their ongoing legal battles for permanent resident status in Canada (Burgess[7], 2004). Refugee claimants often do not have adequate government-sanctioned documents to prove their identity, having lost their documents during the flight from danger. There is a group of unsettled refugees referred to as security threats, who are not able to settle down because of the continuous interrogation by police. Refugees who get legal status are eligible to receive settlement services, which include language training, housing, securing identity documents, etc. Until refugees' receive their status, their lives will be controlled by the government or refugee board.

Lack of coordination among refugee settlement support systems often increases the difficulty refugees face during the settlement process (Keung[8], 2006). An example would be the lack of communication between the Immigration and Refugee Board, which is under the Federal Government of Canada and the Ontario Health Insurance Program which is under the provincial government. To make things worse, many community-based agencies have suffered from budget cuts that have further reduced their capacity to respond effectively to the refugees' plight. Informal support systems can have a huge impact on the successful integration of refugees (Michlski[9], 2001). Refugees are often stigmatized by their own communities, as well as by society in general, for utilizing the social welfare services. Compounding these issues, refugees find themselves isolated from the mainstream community due to their poor language skills and lack of knowledge on how to seek medical and psychological help.

A phenomenon of particular importance with respect to refugee behaviour during resettlement is many refugees' strong belief that they are owed something by someone. Since their persecutors are unavailable, many refugees shift their demands to the host government and the helping agencies. They continually complain of not receiving enough. This can create a feeling among refugees of being controlled by agencies (Crosby, [10]1999), causing them to become aggressive and demanding of resources. After the initial period of struggle, many refugees display an impressive drive to rebuild their lives (Pipher[11], 2001). The key factor for refugee resiliency is the refugee experience itself, which may make them more

aggressive and innovative. The strength gained from their traumatic migration experiences enables them to learn the new language and new culture, and to achieve a certain level of stability.

A considerable degree of integration occurs simply because life must go on. The recovery of lost status will continue, but at a much slower pace. Most researchers agree on the factors hindering adjustment which eventually contribute to mental health problems. Several clusters of factors either beneficial to adjustment or tending towards an increase in mental problems have been identified: isolation, status changes, gender related issues, inter-generational conflict, host-refugee relationships, and culture shock (Ehntholt[12]& Yule, 2006). There have not been enough studies examining the considerable interaction among these factors. Single refugees, female refugees, refugees in rural areas, and those in lonely, isolated situations lacking company, community and support have all been identified as highly susceptible to mental health problems.

At the macro level, poverty, discrimination, racism, language difficulties, migration law, and illegal/legal status characterize refuge experiences (Majka[13], 1997). At the micro level, loss of authority for the head of the household, employment problems, and/or difficulties in school for children can cause trouble within the family. The pressures on refugees do not remain constant over time; they change as refugees go through the process of integration. Most studies have focused on the early years of resettlement. Later periods of refugee settlement have received the least amount of study, and there is a particular dearth of longitudinal studies, even though delayed reaction to earlier pre- and post-migration trauma often emerges after initial periods of settlement.

OBJECTIVES

The focus of the present review pertains to the following points. The study tried to bring the following thematic areas into focus for making the knowledge review.

- To make a survey of the literature highlighting the conceptual aspects of socio, economic, health and legal status of refugee women of Odisha.
- To make a review of the effective implementation of Govt. Policy for the refugee women and the magnitude of the phenomena.
- To collect and analyze literatures on various issues relating to refugee women of Odisha.
- To ascertain about the antecedents of refugee women and their access to various resources, rights and reaches.
- To study the health, sanitation and environmental facilities available to the refugee women of Odisha.
- To analyze the literatures on recreation and cultural status of refugee women.
- To make the review of awareness of refugee women about Govt. schemes, Policies, laws and their security situations.
- To collect and review studies on the measurement techniques adopted and strategies undertaken for improving the status of refugee women of Odisha and strategies undertaken in different countries and their impact evaluation.

Migration Traumatic Events and Refugee Psychological Distress

Refugee health care issues can be quite complex and wide-ranging. Being a refugee is clearly a category of risk for physical and psychological distress because, surrounded within this state is often-unspeakable violence. Many refugees have experienced torture in their home land, which inflicts severe psychological and physical pain. The first interaction new arrivals have with the health care system is with a refugee medical assessment conducted by health departments (Garrett, 2006)[14]. The basis for this assessment is to eliminate health-related barriers before granting refugee status. Injuries to the skin and muscular-skeletal system from blunt trauma, burns, and electrical shock, severe internal bleeding due to rupture of the liver and spleen, head trauma due to brain haemorrhage, and contraction of the HIV virus are widespread physical conditions among refugees (Quiroga[15]& Berthold, 2004). Refugee women are especially at risk for Sexually Transmitted Diseases (STD's) because of the sexual violence that may have occurred during their flight (LaFraniere[16], 2005).

Violence experienced by refugees not only causes physical suffering, but also serious social and psychological harm. Many volumes of research have been completed on refugee trauma (Mollica[17], 2007, 2006, 2000 & 1999; Steel, Silove, et al., 2006; Levin, Blanch & Jennings, 1999; White, 2004). Studies conducted by Mollica et al. (1993), White (2000), and Steel & Zachary (2006) look at the impact of the migration process on developing trauma among refugees. Refugees need to confront the losses in their life, as well as develop a new sense of hope for the future (Hunt[18], 2004). In the meantime, they are also required to pass through the asylum-seeking process, which is intensely re-traumatizing.

Acculturation, loss of status, identity confusion, language difficulties, poverty, concern for separated or lost family members, feelings of guilt and isolation, host hostility, and countless other factors add to the pressures on the refugee in a strange land (Weine & Henderson[19], 2005). These pressures don't remain constant over time; they change as the refugee goes through the process of adjustment.

Torture survivors have significantly higher rates of trauma symptomatology than the other groups of traumatized individuals. A systematic review by Fazel, Wheeler & Danesh[20] (2005) of 7,000 refugees showed that those resettling in Western countries could be about ten times more likely to have Post-Traumatic Stress Disorder than age-matched general populations in those countries. Most often, they get treatment for their health conditions months or years after their exposure to torture (Miller[21], 2004).

Refugees often approach health care providers with severe headaches, abdominal pain, and severe anxiety. Simultaneously, they face harsh judgement from the host society, and are not able to meet their social, economic, legal and health care needs. Interviews conducted for one quantitative study shows that 65% of the Yugoslavian refugee women developed Post-Traumatic Stress Disorder (Kang et al., [22] 1998). Professor Judy White at the University of Regina conducted a qualitative study (2004) in Saskatoon, interviewing and surveying health care professionals treating refugee women from visible minorities who were suffering from PTSD. There were accounts of the devastating effects of racism and discrimination on the lives of these women, many of whom had lived in Canada for several years and had never accessed help to deal with unresolved issues of trauma. This research shows that refugee women may experience additional burden due to their uniqueness as females. This study is an excellent example of how the structural barriers, including refugee board hearings, can exacerbate the trauma experienced by refugee women.

The effort to treat victims of torture is not a modern one. As Kirk and Kutchins[23] (1997) have documented, after the Vietnam War American veterans lobbied the American Psychiatric Association to construct a diagnosis that would recognize the long-term psychological damage incurred by soldiers in combat and would pave the way for them to receive therapeutic services (Burstow[24], 1998; Lumsden, 1999). The similar symptoms of these different types of psychological distress earned them the label *Post-Traumatic Stress Disorder*, or *PTSD* for short (Burstow, 1998). Special psychosocial problems like loss of social role and social networks, loss of property, acculturation stress, anger, language problems and socio-political factors can complicate diagnosis of PTSD (DSM, 2000). Symptoms of traumatic stress among refugees have commonly been assessed using the diagnostic criteria of PTSD (Mollica[25], 2006; Miller, Weine et al., 2005).

Burstow argues that PTSD is one of the few DSM categories that was created and became widely accepted as a result of people other than psychiatrists wanting it (2005). She reasons that the term "post-traumatic" suggests that the disorder comes after the trauma, and not that it was caused by the trauma or a reaction to the trauma; also no type of causal relationship between external factors and trauma is specified in the criteria (Burstow, 2005). It is simply stated that there are causes of mental disorders that are essentially biological and/or psychological, though external events may sometimes play a contributing role (Brown[26], 1995).

Although psychiatrists, such as Jerome Kroll (2003), encourage service providers to pay attention to cultural and emotional factors, these factors have not been given much consideration by society in general. Western science was developed during the colonial period in Britain and other European countries using a set of practices and bureaucratic structures which served the ideological needs of the colonized empires (Philip[27], 2004). DSM-formulated PTSD was created as a form of controlling human behaviour based on Western European ideology. Western mental health professionals and "mainstream" services often have little understanding of new refugee beliefs, practices, culture, and perspectives regarding mental health (Alcock[28], 2003).

In examining refugee mental health, one can clearly see a difference of opinion among researchers and clinicians regarding the effects of trauma. Some state unequivocally that there are traits in individuals that produce specific symptoms secondary to the stress of migration, and that these individuals are likely candidates to experience mental health problems (Mollica[29], 2007 & 2006). Others believe that the similarity of problems in refugees almost everywhere indicates that severe trauma in and of itself is the cause of the symptoms (Stein, 1998). The controversy boils down to situational response tendencies. Kunz's research focuses on those who make the decision to leave, but much more research is needed on how the decision to leave affects a refugee's mental health.

Keller[30] (1975) and Scudder & Colson (1982) have explored the refugee reaction to threats and the impact of stress and trauma on refugee behaviour. Keller strongly argues that the trauma of flight produces residual psychological states in refugees that will affect behaviour for years to come. Because they usually endure the greatest hardship and loss, those who are late to flee are likely to come out of the experience with residual characteristics of guilt, vulnerability, and aggressiveness. This research has identified specific circumstances that should be taken into account during clinical interventions with refugees. This is an important area that requires more study.

Refugees can improve their mental health not only through food (including eating their traditional foods), shelter and clothing, but also through meditation and spiritual activity (1996). A stable and supportive host country environment is essential to refugee mental health. Mollica states that good mental health requires: 1) Work – to make refugees feel that they are still useful, independent and can care for their families; 2) Altruistic Activity – not only receiving, but also giving

help to others greatly enhances refugees' self esteem and dignity; 3) Spirituality – through spiritual activity, refugees can strengthen their hope as well as their inner sense of belonging to a group, which is very important for overcoming difficulties (Mollica[31], 2001). Although Mollica proposes that integration of all these aspects can make a greater contribution to the refugee intervention, his approach completely ignores refugees' historical and cultural awareness, which can be extremely beneficial for refugee mental health intervention. Mollica also fails to address in his theoretical writings the feelings of extreme discomfort felt by refugees and their attempts to avoid conversations about their trauma in order to escape from re-traumatization.

Research by Kunz (1973 & 1981) and Paludan[32] (1974 & 1981) provides a different perspective on refugees' settlement service seeking patterns. Kunz described two different patterns of refugee flight – acute and anticipatory – from their country of origin, which may be predictors of how they settle down and receive help from host countries (1973). Acute refugees leave their home country within a few days or hours of disaster striking them. Silove, Steel, Bauman, Chey & MacFarlane's quantitative study shows that 85% of the refugees fleeing from war-torn Vietnam during the 1970's made the decision to leave their homeland two days to two hours before their departure. Acute refugees may have no resources and no support from anyone, which may lead them to seek help more frequently. But because of their direct experience with trauma, they sometimes try to avoid contact with strangers out of fear of re-traumatization (Mollica, 2006), even though they may need immediate help. Anticipatory refugees, on the other hand, are those who leave their home country prior to the disaster, most often with their families and personal resources intact. They tend to seek less help than acute refugees (Paludan, 1974).

Another factor in the refugee experience that deserves more attention from researchers is the emergence of what Paludan (1974) calls "the new refugees". Until the 1960s refugee settlement was focused on traditional refugees, primarily Eastern Europeans, who were products of the Cold War (Colic-Persker, 2005). Now, the weight of concern and interest is shifting to new refugees from Africa, Asia, and Latin America. The key differences between new and traditional refugees are that new refugees are culturally, racially and ethnically vastly different from their hosts, come from less-developed countries, and are likely to lack kin or potential support groups in their country of resettlement, whereas traditional refugees are culturally and ethnically similar to their host, come from more developed countries, and are likely to be welcomed and assisted by family and friends who speak their language and can cushion their adjustment (Paludan, 1981; Stein, 1998). Examples of these types of refugees are Sri Lankan Tamil refugees who have resettled in the state of Tamil Nadu in India, and Sri Lankan refugees who have resettled in Toronto, Canada. Sri Lankan refugees in Tamil Nadu (traditional refugees) live in the same cultural, social, and linguistic environment as they did in Sri Lanka. They or their ancestors originally left India to find a better life in Sri Lanka, which at one time was a wealthy British colony. So, by returning to India as refugees, they may be able to enjoy similar cultural, social and linguistic connections. Sri Lankan Tamil refugees in Toronto (new refugees) live in a culturally, socially, and linguistically different environment. The behavioural and material aspects of Western culture are alien to new refugees (Weaver[3], 2005), and they may experience more traumatic post-migration experiences.

Refugee-host relationships can create an atmosphere that either aids or hinders the personal adjustment of refugees (George[34], 2003). Loss of all that is familiar may represent a threat to one's identity, and can lead to strong feelings of grief, despair and nostalgia for the refugee. Culture shock will particularly affect those refugees who did not think about, intend, or prepare for exodus, and who were caught up in panic, hysteria, or even adventure. However,

contrary to expectations, Porter and Haslam's meta analysis demonstrated worse mental health outcomes for refugees who repatriated to a country they had previously left (2005). This means there is a possibility that Sri Lankan Tamil refugees returning to India have worse mental health outcomes. Refugee experience outcomes have been the subject of very few studies (Collins, 1996; Mollica, 2000; Stein, 1981; Kilbride, Anisef & Khattar, 2001). More research needs to be conducted to examine settlement experiences based on typology of refugee and refugee settlement. Researchers should pay attention to the uniqueness of individual experiences along with complex systems-based issues.

The word "refugee" is used in ordinary conversation to refer to someone fleeing various ills, including war, natural disaster and even the stresses of modern life (CCR, 2002). Only after recognition of the refugee claimant's protection needs by the host government is he or she entitled to refugee status, which carries certain rights and obligations according to the legislation of the receiving country (Crepeau, Foxen, Houle & Rousseau, 2000). Unfortunately, refugee claimants are generally not eligible to receive settlement services like language training, housing, or securing identity documents. Refugee claimants must wait in limbo until they sort out their legal challenges. Many cannot even think about settling into society due to their ongoing legal battles for permanent resident status in the host country (Burgess[35], 2004).

These refugee claimants often do not have adequate government-sanctioned documents to prove their identity, having lost their documents during the flight from danger. Fong and Mokuau[36] (1994) claim that many of the terms related to refugees – such as *asylum seekers*, *refugee claimants*, and *displaced persons* – exemplify the complexity of the systems ascribing status and conditions of treatment. Also these statuses reflect the variety of migration experiences and affect the ways refugees settle in the new country.

Philips' research shows the diverse ways science and colonialism acted as systems of control and management (2004) and she contends that the impact of the imperialistic practices of colonization and later science on the quality of life of individuals is seldom analyzed. White's 2004 research shows that structural barriers act as a contributing factor in the development of trauma among refugees. Mollica's 2006 research shows that refugee populations experience higher rates of PTSD than any other community.

Recently, Chatterjee, Bhattacharya and Haldar[35] (1998) have conducted a detailed socio-economic profile of households in Kolkata. The period of the survey was from November 1996 to May 1997. The report considered the households displaced from Pakistan/Bangladesh in different years along with the migrants from other areas. The study considered demographic features, housing, sanitation, environment, educational status, occupation, employment, income and consumption, extent of poverty and deprivation, reasons for migration, and other socio-economic scenario. After Sen's work, perhaps, this is one of the detailed investigations of migrants in Calcutta.

However, work on female migration is thin. Premi (1980) has addressed the issue. In a paper Roy and Chakraborty[36](1990) made some observations on male female imbalance in migration pattern of West-Bengal during 1971-1981. They concentrated on the phenomenon relating to sex selectivity in the migration pattern with reference to West-Bengal. They pointed out that better employment or even a search for it is the primary cause of male migration both in rural and urban regions. In case of females, marriage plays the dominant role, employment is relatively unimportant. This is probably because of the subordination of the female to the needs of the male. There is very little study on the status of migrant women from Bangladesh to India.

UrbashiButalia[37](1998) brought into focus the experiences of women who came to India after partition. She presented different aspects of partition, how families were divided, how friendship endured across border, how people coped with the trauma, how they re-built their lives, what resources, both physical and mental, they drew upon, how their experiences of dislocation and trauma shaped their lives and the cities and towns and villages they settled in. These aspects do find little reflection in written history. She tried to capture the history and impact of partition in Punjab through interviews and oral narratives.

In another study Ritu Menon and Kamla Bhasin[38] (1998) have presented through the stories of women and an accompanying narrative, the impact of partition on women in the West India. How they have struggled to put their lives together again? How did they find their place in this land of redrawn boundaries? What was nation to them? The above mentioned scholars have confined themselves to the West of India while a recent book of Jasodhara Bagchi and Subha Ranjan Dasgupta[39] (edited, 2003) have studied the impact of partition of Bengal in the East thus filling the gap. In this book the focus has been on the human dimension of the partition of Bengal with a clear emphasis on the gender perspective. In this study, the trauma of the partition in the Eastern India is discussed explicitly drawing upon interviews with women, who were uprooted from old East-Bengal, on diaries, memoirs and creative literature.

Final Outcomes of the Review

Thus, the forgoing review of literatures brings the following salient facts to the forefront.

- Lot many intellectual efforts are geared towards establishing clarity on bringing safety and security regarding the socio economic, health, legal and political status of the refugee women of the country. But the existing researches about the context speak about various issues relating to the challenges faced by the refugees, enjoyment of their rights, their access to various resources, flee antecedents, their knowledge and awareness about the Govt. Provisions, employment and income, livelihood, health and sanitation, environment and identity crisis etc.
- The review of literature points out that inadequate, inappropriate and unjust treatment to the refugee women has resulted in man-made economic and social distortions. It also reflects that inadequate resettlement is the result of inappropriate implementation of the policy. Therefore, it can be inferred that policy for the refugee women suffers from "lack of human touch" from the implementing agencies.
- It is also found that deterioration of the refugee women's economic and social conditions is mainly due to inadequate compensation and inappropriate rehabilitation measures undertaken by the project authority. The resettlement of oustees as a by-product of development was externalized from the construction of projects. This has negated the very objective of development.
- There is a dearth of literature on the Socio economic status of the Refugee women of Odisha. Seldom, this aspect is addressed by the studies.
- Impact of safety and security measures on refugee women's life and society are rarely touched upon by many literatures.
- Finally, in spite of the initiative undertaken by UNHCR for the refugees, the Policy relating to refugee women in India are very limited. Socio, economic status of refugee women of Odis as a focused area has got very limited intellectual treatment.

Salient Outcome of the Review of Literature

- Safety and security policy of women is treated in one dimensional way i.e., in terms of socio, economic and environmental wellbeing.
- Gender dimension of Policy relating to the status of refugees gets little reflection in the reviews.
- All literature insists upon the stereo type causes of refugees in general and very rarely on women refugees in particular..
- Literature on particular issues relating to health care practices, sanitation and hygienic practices, education of their children, discrimination at work place, violence, legal provision, identity crisis, support of local governance, cultural status of refugee women is almost absent.
- Effective implementation of policy for refugee women in India is ignored in Indian Academic Researches.
- Regional studies on the issue are missing.

Grey Areas that needs further Academic Touch and Treatement

After making a review of the available literature, the following grey areas have been chalked out that needs special academic touch and treatment which can be given through the present research.

- The review of literature shows that inadequate studies as well as measures have been under taken towards the most important aspects of social overheads i.e. education and health. Displacement leads to a number of health problems due to the construction of water resources projects, Industrial units and mining operation. Education is neglected in many ways and the future generation suffers due to poor educational facilities at the resettlement location.
- The present study should focus on the problem of refugee women with special care.
- It should bring out the gender dimension of the safety and security.
- The impact of displacement needs a wider treatment. It has to extend beyond the effective implementation of R&R Policy experienced by the refugee women.
- The impact of Govt. policy on status of women refugees needs to be analysed. Because it creates social tensions and political instabilities which needs a research capture.
- The issue of gender study is yet to receive a due place at policy level. Studies on the fair sex show that the refugee women face numerous problems at the newly resettled locality. Their problems need more cautions dealing.
- The policies to deal with the problem suffer from number of deficiencies. However, recently a few policies have shown some better steps to mitigate the sufferings of the refugee women. On the other hand, the functioning of bureaucracy and government machinery is not free from a number of malaises. As a result the policies have not been implemented properly to provide a better solution to the problem.

Areas Needing Deeper Research Focus

- Studying the socio economic profile of refugee women.
- Studying the Condition refugee women of relating to the social, economic, legal and political states.
- Studying the position of women beyond the social and economic lens to study the socio economic profile of the refugee women of Kendrapada district.
- Analysing the Govt. policies under taken for safety and security of refugee women.
- Observing the challenges faced by the refugee women.
- Analysing knowledge and awareness of refugee women regarding their rights and access to resources.
- Studying the factors responsible for affecting the status of refugee women.
- Analysing the reasons responsible for file antecedents.
- Studying the factors hindering the refugee women to access the resources and for enjoyment of their rights.
- Observing the various challenges faced by refugee women.
- Analysing the policy measures undertaken for providing safety and security to refugee women.

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